





STATE OF NEW YORK  
DEPARTMENT OF STATE  
ALBANY, NY 12231-0001

RANDY A. DANIELS  
SECRETARY OF STATE

**FILING ACKNOWLEDGMENT**

March 12, 2002

USDA, FARM SERVICE AGENCY  
225 DOLSON AVENUE RM 101  
MIDDLETOWN, NY 10940

Attached is the acknowledgment copy of your recently submitted filing which is represented by only the first page of the document. The actual filing may have had multiple pages or attachments. This document has been filed with the New York State Department of State, Uniform Commercial Code Division.

The Financing Statement has been assigned Filing Number: 056055, Filing Date: 03/11/2002 and is currently reflected in our automated database as follows:

Debtor's Name & Address

NICHRIS CORPORATION  
PO BOX 221  
PINE ISLAND, NY 10969  
(See attached for additional Debtors)

RECEIVED BY  
ORANGE COUNTY  
FSA OFFICE

MAR 13 2002

Secured Party's Name and Address

UNITED STATES OF AMERICA ACTING THROUGH FARM SERVICE AGENCY  
225 DOLSON AVENUE, RM 101  
MIDDLETOWN, NY 10940

MIDDLETOWN NY 10940  
(914) 343-1872 EXT2

This Filing will lapse on 03/11/2007 unless continued. We encourage filers to take full advantage of the six-month window of opportunity in which to file a Financing Statement Amendment (Continuation). Submission of your documents at the onset of the six-month window will allow ample time to rectify potential filing errors and help to assure timely recording of your filing.

If you have any concerns regarding the way this document is recorded, please contact one of our Customer Service Representatives at (518) 474-4763, or respond in writing to the UCC Data Processing Unit at the address indicated above.

Sincerely,

Uniform Commercial Code Division  
Data Processing Unit

REF #: 041215

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REF#: 041215

Debtor's Name & Address (continued)

SOBIECH THOMAS  
PO BOX 221  
PINE ISLAND, NY 10969

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

MARGARET P. RUSSO, AG. PROG. TECH 845-343-1872 X 2

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA, FARM SERVICE AGENCY  
225 DOLSON AVENUE RM 101  
MIDDLETOWN, NY 10940

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

Nichris Corporation

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

PO Box 221

CITY

Pine Island

STATE

NY

POSTAL CODE

10969

COUNTRY

1d. TAX ID #: SSN OR EIN

ADDL INFO RE  
ORGANIZATION  
DEBTOR

1e. TYPE OF ORGANIZATION

Dom. Bus. Corp.

1f. JURISDICTION OF ORGANIZATION

NEW YORK

1g. ORGANIZATIONAL ID #, if any

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

JIN

OR 2b. INDIVIDUAL'S LAST NAME

SOBIECH

FIRST NAME

THOMAS

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

PO BOX 221

CITY

PINE ISLAND

STATE

NY

POSTAL CODE

10969

COUNTRY

2d. TAX ID #: SSN OR EIN

ADDL INFO RE  
ORGANIZATION  
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATION ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE or ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

UNITED STATES OF AMERICA ACTING THROUGH FARM SERVICE AGENCY

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

225 DOLSON AVENUE, RM 101

CITY

MIDDLETOWN

STATE

NY

POSTAL CODE

10940

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

This financing statement is filed in lieu of 04/29/97 of financing statement with the ORANGE COUNTY CLERK, in ORANGE COUNTY, filing number 01771. This financing statement remains effective and covers all assets now owned or hereafter aquired.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER A.G. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

ACKNOWLEDGMENT COPY - NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

FILING NUMBER: 056055 FILING DATE: 03/11/2002

This FINANCING STATEMENT is presented to the Filing Officer for filing pursuant to the Uniform Commercial Code.

1. Debtor(s) (Last Name First) and Address(es): **Nichris Corp.**  
**Sobiech, Thomas**  
**P.O. Box 221**  
**Pine Island, NY 10969**

2. Secured Party(ies) Name(s) and Address(es): **UNITED STATES OF AMERICA**  
**FARMERS HOME ADMINISTRATION**  
**Now Known as Farm Service Agency**  
**225 Dolson Ave., Room 101**  
**Middletown, NY 10940**  
 (County Office Address)

3. ☐ The Lender  
 4. For Filing Officer: **01771**

5. This Financing Statement covers the following types (or items) of collateral now owned or hereafter acquired: all accounts, contract rights, general intangibles, harvested or growing crops, livestock, farm and other equipment, farm products, supplies and inventory.

☐ Fixtures as specified

☒ Products of the Collateral are also covered.

8. Describe Real Estate Here: ☒ This statement is to be indexed in the Real Estate Records:

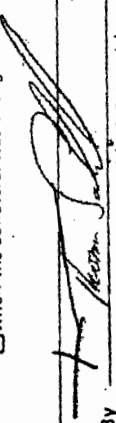
**See Attachment**

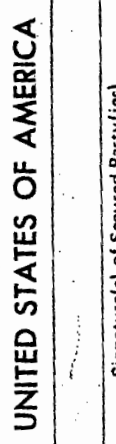
9. Name of a Record Owner

6. Assignee(s) of Secured Party(ies) Address(es)

7. ☒ The described crops are growing or to be grown on.  
☒ The described goods are or are to be affixed to:  
☒ The lumber to be cut or minerals or the like (including oil and gas) is on.  
 \* (Describe Real Estate Below)

10. This statement is filed without the debtor's signature to perfect a security interest in collateral (check appropriate box)  
☐ under a security agreement signed by debtor authorizing secured party to file this statement, or  
☐ which is proceeds of the original collateral described above in which a security interest was perfected, or  
☐ acquired after a change of name, identity or corporate structure of the debtor, or ☐ as to which the filing has lapsed, or  
☐ already subject to a security interest in another jurisdiction:  
☐ when the collateral was brought into the state, or ☐ when the debtor's location was changed to this state.

By  Signature(s) of Debtor(s)

By  Signature(s) of Secured Party(ies)

(2) Filing Officer Copy-Acknowledgement  
 STANDARD FORM - FORM UCC-1 - Approved by Secretary of State of New York  
 (5/82)